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CONFIRMATION NO. 4273

<b>SERIAL NUMBER</b> 10/538,990	<b>FILING OR 371(c) DATE</b> 06/21/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> ON/4-32837A	
<b>APPLICANTS</b> William Kaelin, Boston, MA;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB03/06091 12/16/2003 which claims benefit of 60/435,049 12/20/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/31/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 1095					
<b>TITLE</b> Treatment of von hippel lindau disease					
<b>FILING FEE RECEIVED</b> 1430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		